

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41554

State File No.

BIRTH NO.		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery</u>		<u>0700</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adah</u>		b. (Middle) <u>Catherine</u>		c. (Last) <u>Zumwalt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-50</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-22-1877</u>	
9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) <u>Montgomery County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Montgomery County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. Robert Harvey</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Hickerson</u>		14. NAME OF HUSBAND OR WIFE <u>James Zumwalt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Zumwalt Montgomery City Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>12-15-50</u> <u>12-15-50</u> <u>10-12-35</u> <u>10-12-35</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>W</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Montgomery City Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>10-12-35</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>10-12-35</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2600x</u>			
22. I hereby certify that I attended the deceased from <u>10-12-35</u> , to <u>12-15-50</u> , that I last saw the deceased alive on <u>12-15-50</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. T. Anderson, M.D.</u>				23b. ADDRESS <u>Montgomery City</u>		23c. DATE SIGNED <u>12/18/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>	
DATE REC'D. BY LOCAL REG. <u>12/19/50</u>		REGISTRAR'S SIGNATURE <u>Bernice E. Wyatto</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. W. Hopkins Montgomery City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DISTRICT HEALTH OFFICE No. 4

File No.

DEC 26 1950

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on the

16 th day of Dec 1950

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.